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	PTO/8B/22 (12-04)
Annoused for use through	7/31/2006. OMB 0651-0031
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PETITIC		R EXTENSION OF TIME UNDER 3 FY 2005 effective on or after December 8		Docket Number (Ontion 011738.00039	REGEIVED	ĖR	
Application		ber 09/982,763	, 2004)	Filed October '8,	200MAY 2 4 2005	ļ	
For	Patient	Directed Therapy Management					
Art Unit	3762		· -	Examiner Bockelm	an	11. ac	
This is a n		nder the provisions of 37 CFR 1.136(a) to ex	dend the period for t	iling a reply in the above id	introcured .		
The reque	sted exte	ension and fee are as follows (check time pe	eriod desired and enl	er the appropriate fee belo	w):		
		One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$		
	⊠	Two months (37 CFR 1.17(a)(2))	\$450	\$22 5	\$450		
		Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510	\$	•	
		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$		
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
	Applio	cant claims small entity status. See 37	CFR 1.27.				
	A che	eck in the amount of the fee is enclosed					
	Paym	ent by credit card. Form PTO-2038 is a	attached.				
	The Director has already been authorized to charge fees in this application to a Deposit Account.						
Ø	The Coverp	Director is hereby authorized to charge a ayment, to Deposit Account No. 19-07	any fees which ma 33 . I have enclos	y be required, or credit a sed a duplicate copy of the	any nis sheet.		
WAR this f	NING: In orm. Pr	oformation on this form may become publication and authoricated and author	ilc. Credit card info zation on PTO-2031	annation should not be in 3.	cluded on		
I am th	e	applicant/inventor.		•			
		assignee of record of the entire in	terest. See 37 CF	R 3.71			
		Statement under 37 CFR 3.73(b) is enclosed. (F	orm PTO/SB/96).			
				3			
		attorney or agent under 37 CFR 1					
		Registration number if acting under 37	CFR 1.34				
<u>(1)</u>	a a	ml. allen 51 393		May 24, 2005			
	\ # EH*	Signature		Date	09982763		
	VVIIIie	Im J. Allen		312-463-50(0			
NOTE: Signi	atures of a	Typed or printed name all the inventors or essignees of record of the entire	interest or their repres	Telephone Number entative(s) are required. Subn	nit muttiple forms if		
nore than o	ne signatu	irê is required, see below.	, ,		190733 It muttiple forms it		
Total o	Of	forms are submitted.					

This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and automitting the completed expolication form to the USPTO. Time will way depending upon the Information Officer, comments of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commissione, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEE'S OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (C ptio	DENTRAL FAX DEXT	anisa Anisa			
FY 2005 (fees effective on or after December 8, 2004)			011738.00039	A COLOR				
Application Number 09/982,763				Filed October 18,	2001 PAY 2 6 2005			
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Art Unit	3762			Examiner Bockein)an			
application	ฑ.	inder the provisions of 37 CFR 1.136(a) to e			l l	ال ـ ـ عت		
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	A check in the amount of the fee is enclosed.							
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WAR this f	NING: In	formation on this form may become pub ovide credit card information and authori	lic. Credit card inform		ļ.			
I am the	8	applicant/inventor.						
		assignee of record of the entire in	terest. See 37 CFR	3.71				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
		attorney or agent of record. Regis	stration No. 51,393					
		attorney or agent under 37 CFR 1	.34.					
		Régistration number if acting under 37	CFR 1,34					
1.5	<i>a</i>	1. (1)		May 24, 2005	ĺ			
Signature			Date					
William J. Allen				312-463-5000				
NOTE: Plan	abuar of	Typed or printed name		Telephone Number				
more than or	acures or E No eignatur	ill the inventors or assignees of record of the antire re is required, see balow.	Interest or their represent	ative(8) are required. Subm	it multiple forms if			
☐ Total o	of1	forms are submitted.						

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